

TOWN OF MANCHESTER, CONNECTICUT
Furlough Request/Approval Form
Residual/Supervisory

Employee _____ Dept _____

One (1) Furlough Day to be taken July 1, 2012 – June 30, 2013

The furlough day shall be taken in a full day increment at a mutually agreed upon time between the Supervisor and the employee.

This form must be completed for the one (1) furlough day.

Furlough Date(s) Requested _____

Signature of Employee _____ **Date** _____

Supervisor Approval _____ **Date** _____

Please forward the original form to Human Resources and a copy to your department payroll input staff person.